

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

☐ Amendment (Explain Below)

CITY CLERK SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 03/17/2013 through 06/30/2013 Date of election if applicable: (Month, Day, Year) 04/02/2013	Date Stamp 2013 JUL 31 PM 12:54	CALIFORNIA FORM 465 Page 1 of 3 For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1344093

COMMITTEE/FILER'S NAME

NATIONAL ASSOCIATION OF REALTORS® FUND

STREET ADDRESS (NO P.O. BOX)

430 N. MICHIGAN AVENUE

CITY STATE ZIP CODE AREA CODE/PHONE

CHICAGO IL, 60611 (312) 329-8381

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

KAREN PASCHAL

MAILING ADDRESS

430 N. MICHIGAN AVENUE

CITY STATE ZIP CODE AREA CODE/PHONE

CHICAGO IL, 60611 (312) 329-8239

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

RICK BARNES

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member CITY OF GLENDALE

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/25/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	STAFF TIME	200.00	49,880.00
03/25/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	TELEPHONE CALLS	3,500.00	49,880.00
03/25/2013	FAIRMONT CONSULTING 18118 CHESTERFIELD AIRPORT RD. #1 CHESTERFIELD, MO 63005	TELEPHONE CALLS	3,500.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	

FPPC Form 465 (June/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from 03/17/2013 through 06/30/2013 Date of election if applicable: (Month, Day, Year) 04/02/2013	Date Stamp	CALIFORNIA FORM 465 Page 2 of 3 For Official Use Only
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IV Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31)
03/25/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	CONSULTING SERVICES	360.00	49,880.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 03/17/2013 through 06/30/2013	CALIFORNIA FORM 465 Page 3 of 3 I.D. NUMBER (If recipient com.) 1344093
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NATIONAL ASSOCIATION OF REALTORS® FUND

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 4,060.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ 4,060.00

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER
SECRETARY OF STATE

ADDRESS (NO. AND STREET)
POLITICAL REFORM DIVISION
1500 11TH ST., ROOM 495

CITY STATE ZIP CODE
SACRAMENTO, CA 95814

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification


I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/13
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT